

## Application Data Sheet

### **Application Information**

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: Paper  
Computer Readable Form (CRF)?:: YES  
Number of copies of CRF:: 1  
Title:: Single Nucleotide Polymorphisms Associated with  
Interstitial Lung Disease  
Attorney Docket Number:: 001107.00229  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 4  
Small Entity?:: NO  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Lawrence  
Middle Name::  
Family Name:: Nogee  
Name Suffix::  
City of Residence:: Baltimore  
State or Province of Residence:: Maryland  
Country of Residence:: US  
Street of mailing address:: 600 N. Wolfe Street  
City of mailing address:: Baltimore  
State or Province of mailing address:: Maryland  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 21287

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: F. Sessions  
Middle Name::  
Family Name:: Cole  
Name Suffix::  
City of Residence:: St. Louis  
State or Province of Residence:: Missouri  
Country of Residence:: US  
Street of mailing address:: c/o Center of Technology Management  
City of mailing address:: 660 South Euclid Avenue, Campus Box 8013  
State or Province of mailing address:: St. Louis  
Missouri

Country of mailing address::  
Postal or Zip Code of mailing address:: 63110

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jeffrey  
Middle Name:: A.  
Family Name:: Whitsett  
Name Suffix::  
City of Residence:: Cincinnati  
State or Province of Residence:: Ohio  
Country of Residence:: US  
Street of mailing address:: c/o Technology Transfer Office  
Children's Hospital Medical Center  
333 Burnet Avenue  
City of mailing address:: Cincinnati  
State or Province of mailing address:: Ohio  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 45229

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Aaron  
Middle Name::  
Family Name:: Hamvas  
Name Suffix::  
City of Residence:: St. Louis  
State or Province of Residence:: Missouri  
Country of Residence:: US  
Street of mailing address:: c/o Center of Technology Management  
660 South Euclid Avenue, Campus Box 8013

City of mailing address:: St. Louis  
State or Province of mailing address:: Missouri  
Country of mailing address::  
Postal or Zip Code of mailing address:: 63110

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/268,650	February 14, 2001
This Application	Non-Provisional of	60/268,991	February 15, 2001

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

## **Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::